

Private Bank

BUSINESS DEPOSIT ACCOUNT APPLICATION

EXHIBIT	
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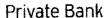
Business Entity Type (Select One) Drinicorporated Association Public Entity Profil Corporation Drinicorporated Association Public Entity Drinicorporated Association Public Entity Drinicorporated Association Drinicorporated Asso	BUSINESS INFORMATION								
Account Number Doing Business As/DBA (if applicable)	Business Name				For Bank Lise Only	<u> </u>			
Account Title Jay Construction Management, Inc. Business Entity Type (Select One) Definite I labelity Pertnership (General, limited or Law) Social Security Number (General, limited or Law) Business Industry Network (General) Social Security Number (General) Business Industry Network (General) Secure I Number (General) Business Prone 305-579-9082 Business Prone 305-579-9083 (General) Business Prone 305-579-9083 (General) Definiting reflectively Controlled or owned by another entity that issues bearer shares? (General) Definiting reflectively Controlled or owned by another entity that issues bearer shares? (General) Business Industry Network (Gene	Jay Construction Management, Inc.								
Business Entity Type (Select One) Unincorporated Association Public Entity Profile (Non-Government) Public Entity Public Entity Profile (Non-Government) Profile (Non-Go							applicable)		
Business Entity Type (Select One) Unincorporated Association Public Entity Profile (Non-Government) Public Entity Public Entity Profile (Non-Government) Profile (Non-Go	Account Title	to the same same same same							
Corporation Public Entity Profit Entity Ent	Jay Construction Management, Inc.								
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Check the State in which the account fs will be domiciled. City Mainstop/etc. (if applicable) City		□ Unincorporat							
Superior Street Name Str	☐ Limited Liability Partnership				f -				
Annual Gross Revenue. Annual Net Profit Submiss of Employees/ Agents Submiss Shore Sub		Type of Tax ID (Se							
Business Prone Susiness Prone	Number of Locations 1				033	Number of Employees/			
Is this entity effectively controlled or owned by another entity that issues bearer shares? Yes No	Business Phone 305-579-9082			Business Fax		Is Business Home Based?			
Strise ntity effectively controlled or awned by another entity that issues bearer shares? Yes No Primary Contact Name Primary Contact Phone 305-579-9082 Reference Referen	Business Industry/Activity/Description					1			
Primary Contact Name Ariel Quiros 305-679-9082 Primary Contact Phone 305-679-9082 Primary Contact Email a quiros@att net Pr		fupervisi	on						
Ariel Quiros PHYSICAL ADDRESS Street Name		whed by another en	tity that issues bear	er shares? 🔲 Yes	⊡ No				
PHYSICAL ADDRESS Street Number	•		1	Phone					
Street Number NE 1 St.	Land and the same of the same		305-579-9082		a.quiros@att.net				
State / Mainting Address (if applicable) AMAILING ADDRESS (if different than above) Street Number Street Num		Street Name	**************************************						
MAILING ADDRESS (if different than above) Street Number Street Name Suite/Mailistop/etc. (if applicable) City State Zip DEPOSIT PRODUCT SELECTION (Complete all fields for each account requested. Add additional pages, if needed.) Check the State in which the account/s will be domiciled: CA CT DC FL L M MA NJ NY PA TX Check if the TIN/SSN is the TIN/SSN of the estate, trust or beneficiary of the trust named in "Title of Account" above, in which case the payee shall be said estate, trust or beneficiary. Check if the TIN/SSN is the TIN/SSN of the party named in Title of Account above for whom the Applicant is acting as agent (appropriate power of attorney or other document required), in which case the payee shall be said party (if two parties are named in "Title of Account," use first named party). Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account I' Purpose of Account Operating Savings Payroll Investment Petty Cash Other (Select all that apply) Product Type 002, Product Type 003, G/L Type 43 C/L Type 40 C/L Ty		1							
Street Number Street Name	Suite/Mailstop/etc. (if applicable) 4	1 ,					1 '		
Suite/Mailstop/etc. (if applicable) City State Zip DEPOSIT PRODUCT SELECTION (Complete all fields for each account requested. Add additional pages, if needed.) Check the State in which the account/s will be domiciled: CA CT DC FL LL MA NJ NJ NY PA TX Check if the TIN/SSN is the TIN/SSN of the estate, trust or beneficiary of the trust named in "Title of Account" above, in which case the payee shall be said estate, trust or beneficiary. Check if the TIN/SSN is the TIN/SSN of the party named in Title of Account above for whom the Applicant is acting as agent (appropriate power of attorney or other document required), in which case the payee shall be said party (if two parties are named in "Title of Account," use first named party's TIN/SSN, in which case the payee shall be the first named party's TIN/SSN, in which case the payee shall be the first named party). Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account Purpose of Account Operating Savings Payroll Investment Petty Cash Other Select all that apply) Product (Select One) Checking Product Type 009, G/L Type 43 Intended Under \$25,000 See "For Bank Use Only" Source of Initial Check from Existing Bank	MAILING ADDRESS (if different th	ian above)							
DEPOSIT PRODUCT SELECTION (Complete all fields for each account requested. Add additional pages, if needed.) Check the State in which the account/s will be domiciled: CA CT DC FL DL MA NJ NJ PA TX Check if the TIN/SSN is the TIN/SSN of the estate, trust or beneficiary of the trust named in "Title of Account" above, in which case the payee shall be said estate, trust or beneficiary. Check if the TIN/SSN is the TIN/SSN of the party named in Title of Account above for whom the Applicant is acting as agent (appropriate power of attorney or other document required), in which case the payee shall be said party (if two parties are named in "Title of Account," use first named party's TIN/SSN, in which case the payee shall be the first named party). Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account 1 Purpose of Account Operating Savings Payroll Investment Petty Cash Other Check if that apply) Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account 1 Purpose of Account Operating Savings Payroll Investment Petty Cash Other Check if that apply Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account 1 Product Select One Operating Savings Payroll Investment Petty Cash Other Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account 1 Product Select One Operating Savings Operating Sa	Street Number	Street Name		,					
Check the State in which the account/s will be domicited: CA CT DC FL DL DL MA NJ NJ NY PA TX Check if the TIN/SSN is the TIN/SSN of the estate, trust or beneficiary of the trust named in "Title of Account" above, in which case the payee shall be said estate, trust or beneficiary. Check if the TIN/SSN is the TIN/SSN of the party named in Title of Account above for whom the Applicant is acting as agent (appropriate power of altorney or other document required), in which case the payee shall be said party (if two parties are named in "Title of Account," use first named party's TIN/SSN, in which case the payee shall be the first named party). Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account I' Purpose of Account Operating Savings Payroll Investment Petty Cash Other Certificate of Deposit (CD) Product (Select One) Checking Product Type 002, G/L Type 43 G/L Type 801, G/L Type 801, G/L Type 44 Intended Under \$25,000 \$\$\infty\$ \$250,000 \$\$\infty\$ \$500,000 \$\$\infty\$ Source of Initial Check from Existing Bank	Suite/Mailstop/etc. (if applicable)	City	a a a a a a a a a a a a a a a a a a a	A STATE OF THE STA		State	Zip		
Check the State in which the account/s will be domicited: CA CT DC FL DL DL MA NJ NJ NY PA TX Check if the TIN/SSN is the TIN/SSN of the estate, trust or beneficiary of the trust named in "Title of Account" above, in which case the payee shall be said estate, trust or beneficiary. Check if the TIN/SSN is the TIN/SSN of the party named in Title of Account above for whom the Applicant is acting as agent (appropriate power of altorney or other document required), in which case the payee shall be said party (if two parties are named in "Title of Account," use first named party's TIN/SSN, in which case the payee shall be the first named party). Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account I' Purpose of Account Operating Savings Payroll Investment Petty Cash Other Certificate of Deposit (CD) Product (Select One) Checking Product Type 002, G/L Type 43 G/L Type 801, G/L Type 801, G/L Type 44 Intended Under \$25,000 \$\$\infty\$ \$250,000 \$\$\infty\$ \$500,000 \$\$\infty\$ Source of Initial Check from Existing Bank	DEPOSIT PRODUCT SELECTION (Complete all field	s for each accoun	t requested. Add a	additional pages, i	f needed	1.)		
be said estate, trust or beneficiary. Check if the TIN/SSN is the TIN/SSN of the party named in Title of Account above for whom the Applicant is acting as agent (appropriate power of attorney or other document required), in which case the payee shall be said party (if two parties are named in "Title of Account," use first named party's TIN/SSN, in which case the payee shall be the first named party). Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account I' Purpose of Account Operating Savings Payroll Investment Petty Cash Other (Select all that apply) Product (Select One) Checking Interest Checking Savings Money Market Certificate of Deposit (CD) See "For Bank Use Only" G/L Type 42 G/L Type 43 G/L Type 52 G/L Type 44 Intended Under \$25,000 \$250,000-\$500,000 Source of Initial Check from Existing Bank	Check the State in which the account/s	will be domiciled:							
attorney or other document required), in which case the payee shall be said party (if two parties are named in "Title of Account," use first named party's TIN/SSN, in which case the payee shall be the first named party). Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account I Purpose of Account Operating Savings Payroll Investment Petty Cash Other Select all that apply) Product (Select One) Checking Interest Checking Savings Money Market Certificate of Deposit (CD) Product (Select One) Checking Product Type 002, Product Type 009, Product Type 801, Product Type 011, See "For Bank Use Only" G/L Type 42 G/L Type 43 G/L Type 52 G/L Type 44 Intended Under \$25,000 \$250,000-\$500,000 Source of Initial Check from Existing Bank	☐ Check if the TIN/SSN is the TIN/SSN be said estate, trust or beneficiary.	of the estate, trust o	or beneficiary of the	trust named in "Title	of Account" above,	in which o	case the payee shall		
Check if the Applicant is a sole proprietor or single member limited liability company. The SSN of the sole proprietor or single member must be provided (please complete, if applicable): Account 1' Purpose of Account Operating Savings Payroll Investment Petty Cash Other (Select all that apply) Product (Select One) Checking Interest Checking Savings Money Market Certificate of Deposit (CD) Product (Select One) Checking Product Type 002, Product Type 801, Product Type 801, G/L Type 42 G/L Type 42 G/L Type 43 G/L Type 52 G/L Type 44 Intended Under \$25,000 \$250,000-\$500,000 Source of Initial Check from Existing Bank	attorney or other document required	d), in which case the	payee shall be said	bove for whom the A party (if two parties a	pplicant is acting as are named in "Title c	agent (ap of Account	propriate power of ," use first named		
Purpose of Account Operating Savings Payroll Investment Petty Cash Other	· · · · · · · · · · · · · · · · · · ·	T .		ompany. The SSN of t	the sole proprietor o	or single m	nember must be		
Purpose of Account (Select all that apply) Product (Select One)									
Purpose of Account (Select all that apply) Product (Select One)	Account 1		Fig. 18 disease	#Sound ormaniana		1945			
Product Type 002, G/L Type 42 Product Type 009, G/L Type 43 Product Type 801, G/L Type 801, G/L Type 44 Product Type 001, G/L Type 44 See "For Benk Use Only" G/L Type 52 Intended □ Under \$25,000 □ \$250,000-\$500,000 Source of Initial □ Check from Existing Bank	Purpose of Account Operating (Select all that apply)	□ Savings □ Pa	ayroli 🖸 Investme	ent Petty Cash					
	Product Type	002, Product Ty	rpe 009, Pro	oduci Type 801. Pr	oduct Type Oil.				
Balance LI \$25,000-\$50,000 DI \$500,000-\$1 million Deposit DI Citibank Account Di Wire from Existing Bank		1							
(Select One) S50,000-\$250,000 Greater than \$1 million (Select all that apply) Other						int DWir	e from Existing Bank		

Private Bank



BUSINESS DEPOSIT ACCOUNT APPLICATION

Account 2	
Purpose of Account	nt D Petty Cash D Other
	Ings ☐ Money Market ☐ Certificate of Deposit (CD) ### Control of Deposit
Intended □ Under \$25,000 □ \$250,000-\$500,000 Balance □ \$25,000-\$50,000 □ \$500,000-\$1 million (Select One) □ \$50,000-\$250,000 □ Greater than \$1 million	Source of Initial
CITIBANK BANKING CARDS	Washington and the second and the se
Please be sure to read the instructions before completing, and speak with y Banking Cards for business accounts (Citibank Banking Cards may not be is	our Private Bank representative regarding the use of Citibank sued for Trust or Estate Titles).
☐ I authorize Citibank to link the accounts opened pursuant to this Application	(where permissible) to:
Please check one: □ Tauthorize Citibank to link the accounts opened pursuant to this Application	
Name	Citibank Banking Card#
Name	•
☐ Lauthorize Citibank to issue new Citibank Banking Cards for all Signers listed	
Name	
Title	
Name	Citibank Banking Card#
Title	
Statements Existing account holders: Link the statement(s) for the account(s) of (where permissible).	pened pursuant to this Application to my existing banking statement
☐ Yes, existing account number:	
□ No	
ACCOUNT ACTIVITY-Select Yes or No for each question.	
Will you provide check cashing services (i.e. offer cash back from checks you receive instruments such as money orders or travelers checks?), money transmission services or sell financial
Will you send or receive wires to/from countries outside of the United States?	□ Yes 127No
Will you deposit or withdraw more than \$120,000 in cash, travelers' checks or mone	
Will you hold or transact any funds in this account that belong to one or more of you operating funds? (e.g., Will any funds be field as an investment for a client, or used to or trust arrangement?)	r customers and are not part of your business' Yes XNo settle funds similar to an investment service





BUSINESS DEPOSIT ACCOUNT APPLICATION

SIGNER INFORMATION-Complete for	each s	igner. If	more than 4 si	gners, the	n add Signe	r Pers	onal Infor	mation f	orm.	
Do any owners own 25% or more of the busine	ess but	are not s	igners on the acco	unt?		,:			□ Y	es 🖪 No
SIGNER 1										
First Name Ariel	N 1	AI	Last Name Quiros					Suffix		Date of Birth 5/12/1956
Business Title President		Address os@att.r			Telephone 1 305-579-90					
First School Attended Good Shepherd	Mothe		en Name						Issue Card: Debit DATM B None	
Citizenship (Select One) ■ US Citizen □ Non Resident Alien (NRA) □ Resident Alien □ Permanent Resident Alien) n (PRA)	A. (ident Alien or NR/ Countries of Citize s Signer a Senior	nshin	(4) 17.1 (2.12)	ted to	an SPF?			
Identification - Type Driver's License		State FL	Number Q620-009-56-	172-0		Issue (04/30/			(pirati 5/12/2	on Date 1 022
SIGNER 2									-	
First Name Lucia Katia	1	Μį	Last Name Perez					Suffix	(Date of Birth
Business Title Admin		i Address p0124@g	s yahoo.com				Telephone 305-579-9			% Company Owned 0
First School Attended NA	Moth NA	er's Maio	ien Name		Social Secur		ber/ITIN*	Issue Car Debit		M @ None
Citizenship (Select One) © US Citizen) n (PRA)	A.	ident Alien or NR Countries of Citiz Is Signer a Senior	anchin :				☐ Yes Ba	No	
Identification - Type Driver's License		State Number FL -524-0		524-0	Issue Date 10/09/2009			Expiration Date 01/24/2018		
SIGNER 3										
First Name		MI	Last Name					Suffi	× .	Date of Birth
Business Title	Emai	i Addres	S				Telephon	e Number		% Company Owned
First School Attended	Moth	ier's Mai	den Name		Social Secur	ity Nun	ber/ITIN*	Issue Car	rd:	M 🗆 None
Citizenship (Select One)	1	If Re	sident Alien or NR	A or PRA, th	en complete	A and I	B below:	L		
☐ US Citizen ☐ Non Resident Alien (NRA	()	Α.	Countries of Citiz	enshin'						
☐ Resident Alien ☐ Permanent Resident Alien	en (PRA		Is Signer a Senior	Public Figur	re (SPF) or re	4				tion Date
Identification - Type		State	Number			issue	vate	-	yhii ei	tion Date
SIGNER 4					· · · · · · · · · · · · · · · · · · ·			r. 40		Date of Birt
First Name		MI	Last Name				•	Suffi		
Business Title	Ema	il Addres	is		-		Telephor	ne Numbe	ſ 	% Company Owned
First School Attended	Mother's Maiden Name				Social Security Number/ITIN*			Issue Card: □ Debit □ ATM □ None		
Citizenship (Select One) US Citizen	A) en (PRA	A.	sident Alien or NF Countries of Citia Is Signer a Senio	enship:		lated t	o an SPF?	☐ Yes: □		
Identification - Type		State	Number			issue	Date		xpira	ition Date
*Social Security Number or ITIN required for S	ole Pro	prietorsh	ips, Single Stockho	lder Corporat	ions, Single M	ember L	LCs and an	y Signer re	ques	ing a Debit Ca

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Private Bank



BUSINESS DEPOSIT ACCOUNT APPLICATION

ACCOUNT AGREEMENT AND AUTHORIZATION (TO BE COMPLETED BY CUSTOMER ONLY)

By signing below, I acknowledge and agree both individually, as applicable, and on behalf of the business identified in this application (the "Business"): (1) to be bound by any agreement governing any account and service for which I am applying for within including the terms and conditions of the CitiBusiness* Business and me individually; (3) any signer identified within this application may open additional accounts and enter into contracts for banking services on behalf of the Business; (4) and if I am a plan sponsor and/or plan fiduciary and the plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), by opening an account covered in this application, I have reviewed the CitiBusiness ERISA Section 408(b)(2) Disclosure Document made available to me reasonably in advance of my decision to open the account and that after my review, I made an independent decision that the fees and other compensation are reasonable for the services being provided by Citibank, I further consent to Citibank updating or changing the Disclosure Document by website periodically for such updates.

TAX CERTIFICATION - ADDITIONAL DOCUMENTATION REQUIRED TO AVOID TAX WITHHOLDING In accordance with requirements of the Internal Revenue Code, I understand that my business must supply Citibank with a properly-executed tax certification form to establish U.S. Person or non-U.S. Person status for U.S. tax information reporting purposes. To comply with such requirement, my business will provide an executed IRS Form W-9 or Form W-8, as appropriate. If a validly executed IRS Form W-9 or Form W-8 is not provided, I understand that Citibank will implement backup withholding on interest earned on my business account(s) immediately upon account opening. Such backup withholding will continue to apply until the appropriate validly-executed tax certification form is provided. If this occurs, I understand that Citibank may not be able to refund the withheld taxes. Forms W-9 and W-8 and associated instructions can be obtained on the IRS Forms and Publications website, the link for which is: http://www.irs.gov/Forms-&-Pubs Ariel I. Quiros Print First and Last Name Authorized Signature President Business Title (Capacity Acting In) Date Print First and Last Name **Authorized Signature** Business Title (Capacity Acting In) Date BANK USE ONLY Account Number **Effective Date** Statement Sort Prepared By Officer Code Approvals **Authorized Signature** Date For CDs: Effective Date Rate ☐ 7 Day ~ Prog ☐ 14 Day - Product Type 848, GSL 59 □ 1 Month - Product Type 850, G/L 62 □ 2 Month -Product Type 851, G/L 62 3 Month - Product Type 852, G/L 62 ☐ 6 Month - Product Type 854, G/L 63 1 Year - Product Type 856. G/L 65 2 Year - Product Type 859, G/L 65 3 Year - Product Type 858, G/L 65 ☐ Variable Tekm - Product fvne 958, G/: 65 Monthly Interest: ☐ Retain in CD ☐ Issue Cashier's Check ☐ Credit Account Entitlement Group # Private Banker ☐ Existing Relationship Officer Mary Jane Dacek Vice President

VICE Private Bank is a business of Citigroup inc. ("Citigroup"), which provides its clients access to a broad array of products and services available 15. Biscayine 5th through bank and non-bank affiliates of Citigroup inc. ("Citigroup inc. ("C

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